L18000040940

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	-
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	_
	(Document Number)	
Certified Copies	Certificates of S	atatus
Special Instructions to	Filing Officer:	
	J. HORNE FEB 2 2 2022	

Office Use Only



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SECRETARY OF STATE OF

FILED WITTER 22 AHII: 2022 FEB 22 AHII: 20

COVER LETTER

	vision of Co			
SUBJECT:	R GUNTE			
SOBJECT.	:		nited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		SCOTT HALL		
			Name of Person	
		RIVERVIEW BUSINESS	CONSULTING, INC	
			Firm/Company	
		9570 REGENCY SQUAR	E BLVD	
			Address	
		JACKSONVILLE FL 322	25	
		SCOTTBAH64@GMAIL.	City/State and Zip Code	
			to be used for future annual report not	itication)
or further i	nformation c	oncerning this matter, please c	all;	
SCOTT HA	1.1.		904 544-3800	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S		<u>Street Address:</u> Registration Sec	ction
Div	vision of C	orporations	Division of Cor	porations
P.C). Box 632	/	The Centre of T	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2022 FEB 22 AM 11: 31

R GUNTER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

agent and/or the new registered office address here	
🚈 ii amending the registered agent and/or register	red office address on our records, <u>enter the name of the new regis</u> e:
R. If amonding the registered agent as 1/	
(Mailing address MAY BE A POST OFFICE BOX)	
Enter new mailing address, if applicable:	
(Principal office address MUST BE A STREET ADI	
Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the li	imited liability company here:
This amendment is submitted to amend the following:	:
Florida document number L18000040940	.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DEQUAN GUNTER	767 GRAVES ST	≣ Add
		HAINES CITY FL 33844	□Remove
			Change
AMBR	QURAN COLEY	767 GRAVES ST	= Add
		HAINES CITY FL 33844	□Remove
			□Change
AMBR	Sovida Russell.	767 GRAVES ST	= Add
		HAINES CITY AL 33844	□Remove
			□Change
			□Remove
			□Add
			Remove
			□Change
<u>-</u>			□Add
			□Remove
			□c9

X X	
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ctive date, if other than the date of filing:	
effective date is listed, the date must be specific and cannot be prior to date of filing or me	ore than 90 days after filing 1 Pursuant to 605 020
$\frac{82}{10}$ if the date inserted in this block does not meet the applicable statutory filing	g requirements, this date will not be listed as
iment's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o filed.	on the earlier of: (b) The 90th day after the
d	
1 xxxh 9 to	
Signature of a member or authorized representative of	of a member
RODNEY GUNTER Typed or printed name of signee	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00